

# APPLICATION FOR ACTIVE DUTY FOR TRAINING, ACTIVE DUTY FOR SPECIAL WORK, TEMPORARY TOUR OF ACTIVE DUTY, AND ANNUAL TRAINING FOR SOLDIERS OF THE ARMY NATIONAL GUARD AND U.S. ARMY RESERVE

For use of this form, see AR 135-200; the proponent agency is ODCSPER

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** 10 USC 672(d) and USC 275.

**PRINCIPAL PURPOSE:** To determine eligibility and schedule individuals for active duty for special work or active duty for training on requested dates.

**ROUTINE USES:** To identify the applicant as a Reserve Component member and to issue active duty for special work or active duty for training orders. The SSN is used to identify the applicant.

**DISCLOSURE:** Completing this form is mandatory for individuals applying for active duty for special work and active duty for training. If not completed, you will be ineligible for the requested tour.

## PART I - APPLICANT *(Read instructions in AR 135-200 before completing this form.)*

1. TO <i>(Include ZIP Code)</i>			
2. NAME <i>(Last, First, MI)</i>		3. SSN	
4a. PERMANENT HOME ADDRESS <i>(Include ZIP Code)</i>		5a. ADDRESS FROM WHICH YOU WILL REPORT FOR DUTY <i>(If different from permanent home address) (Include ZIP Code)</i>	
4b. HOME TELEPHONE NUMBER <i>(Include area code)</i>		5b. HOME TELEPHONE NUMBER <i>(Include area code)</i>	
4c. BUSINESS TELEPHONE NUMBER <i>(Include area code)</i>		5c. BUSINESS TELEPHONE NUMBER <i>(Include area code)</i>	
6. UNIT OF ASSIGNMENT OR ATTACHMENT		7. GRADE	8. BRANCH
9. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	10. DOB	11. MARITAL STATUS	12. NO. OF DEPENDENTS
13. PRIMARY SSI <i>(AOC)/MOS</i>	14. DUTY SSI <i>(AOC)/MOS</i>	15. HEIGHT	16. WEIGHT
17. <input type="checkbox"/> I am <input type="checkbox"/> I am not    drawing a pension, disability compensation, or retired pay from the U.S. Government.		18. TOTAL YEARS, MONTHS, DAYS OF ACTIVE FEDERAL SERVICE <i>(AFS)</i>	
19. FOR INDIVIDUAL MOBILIZATION AUGMENTEES ONLY: THIS APPLICATION IS FOR <i>(Check one)</i>  <div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> IMA AT</span> <span><input type="checkbox"/> ADT in lieu of IMA AT</span> <span><input type="checkbox"/> Additional ADT</span> </div>			
20. DATES OF ADSW/TTAD/ADT/AT REQUESTED			
a. FIRST CHOICE		b. SECOND CHOICE	
NUMBER OF DAYS	BEGINNING DATE/TIME	NUMBER OF DAYS	BEGINNING DATE/TIME
LOCATION		LOCATION	
DUTY/TRAINING AGENCY		DUTY/TRAINING AGENCY	
21. <i>To the best of my knowledge and belief, I am physically qualified for active military duty. I was</i>			
a. LAST EXAMINED ON		b. AT	
22. SIGNATURE		23. DATE	

## 24. REMARKS

I understand that although at the completion of my tour I may be within 2 years of qualifying for an active duty retirement under 10 USC 1293, 3911, or 3914, it is current Army policy that I will be released from active duty at the completion of my tour unless continued retention on active duty is considered in the best interest of the Army by the Assistant Secretary of the Army (*Manpower and Reserve Affairs*). I hereby consent to my release from active duty at the completion of this tour.

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(Signature of applicant)

## PART II - RECORDS CUSTODIAN

25. PAY ENTRY BASIC DATE	26. SECURITY CLEARANCE	27. PROMOTION CONSIDERATION CODE	28. DATE OF RANK
29. RYE DATE	30. ETS ( <i>Enlisted</i> )	31. MANDATORY REMOVAL DATE ( <i>Officers</i> )	32. UIC
33. HIV TEST DATE	34. PANOGRAPHIC DENTAL X-RAY ON FILE <input type="checkbox"/> YES <input type="checkbox"/> NO		

35. List all previous AD, TTAD, AT, ADT, IADT, and ADSW in the previous and current fiscal year showing inclusive dates, purpose of tours, and HQ or agency to which attached.

a. PERIOD OF TRAINING/DUTY			b. TYPE TRAINING/ DUTY ( <i>AD, TTAD, etc.</i> )	c. LOCATION/ INSTALLATION	d. DUTY PERFORMED
FROM	TO	NO. DAYS			

e. SIGNATURE OF UNIT COMMANDER	f. DATE
36a. NAME OF RECORDS CUSTODIAN ( <i>First, Last, MI</i> )	b. GRADE
c. SIGNATURE	d. DATE